

RETURN TO WORK LETTER

Employee Name: _____ Employee ID: _____

Position: _____ Department: _____

To Whom It May Concern:

This letter serves as confirmation that the above-named employee has been cleared to return to work following a period of absence. The employee is fit to resume regular duties without restrictions, effective immediately unless otherwise specified by a healthcare professional.

Details of Absence: _____

Reason for Absence: _____

Duration of Absence: _____

Return to Work Conditions:

- Employee is capable of performing all essential job functions.
- No restrictions or accommodations are required at this time.
- Employee agrees to comply with all workplace safety policies and procedures.
- Any required follow-up appointments or treatments shall be scheduled outside of work hours when possible.

Employer Acknowledgment:

The employer acknowledges receipt of medical clearance and agrees to support the employee's safe return to the workplace. This letter complies with applicable federal and state laws, including the Americans with Disabilities Act (ADA) and the Family and Medical Leave Act (FMLA), to the extent applicable.

Confidentiality Notice:

This document contains confidential employee health information and should be handled in accordance with applicable privacy laws and company policies.

Authorized Employer Representative

Employee

Signature: _____

Signature: _____

Name & Title: _____

Name: _____

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